

## Complete Summary

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### TITLE

Chlamydia screening: percentage of women who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of women age 16 through 25 years who were identified as sexually active, who were continuously enrolled during the measurement year and who had at least one test for chlamydia during the measurement year.

### RATIONALE

Chlamydia screening is an important preventive measure against pelvic inflammatory disease and perinatal and postpartum complications in pregnant women and to their newborns. Screening for chlamydia is important because 60-70% of persons with infections do not experience symptoms.

### PRIMARY CLINICAL COMPONENT

Chlamydia; screening

### DENOMINATOR DESCRIPTION

Women age 16 through 25 years as of December 31 of the measurement year who were identified as sexually active and who were continuously enrolled during the measurement year (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

### NUMERATOR DESCRIPTION

At least one chlamydia test during the measurement year as documented through administrative data (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Process

#### SECONDARY MEASURE DOMAIN

Not applicable

#### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Use of this measure to improve performance

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2003: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 61 p.

### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

Accreditation

Decision-making by businesses about health-plan purchasing

Decision-making by consumers about health plan/provider choice

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Managed Care Plans

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age 16 through 25 years

### TARGET POPULATION GENDER

Female (only)

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Chlamydia trachomatis is the most common sexually transmitted disease (STD) in the United States. The Centers for Disease Control and Prevention (CDC) estimates that approximately 3 million people are infected with chlamydia each year.

Among women reported to CDC as positive for chlamydia in 1995, 4% were 14 years old or younger, 46% were aged 15-19 years, 33% were 20-24 years old, and 17% were 25 years of age or older.

### EVIDENCE FOR INCIDENCE/PREVALENCE

Chlamydia trachomatis genital infections--United States, 1995. MMWR Morb Mortal Wkly Rep 1997 Mar 7;46(9):193-8.

Washington AE, Johnson RE, Sanders LL Jr. Chlamydia trachomatis infections in the United States. What are they costing us. JAMA 1987 Apr 17;257(15):2070-2.

Washington AE, Johnson RE, Sanders LL, Barnes RC, Alexander ER. Incidence of Chlamydia trachomatis infections in the United States using reported Neisseria

gonorrhoeae as a surrogate. In: Oriel D, Ridgway G, Schachter J, Taylor-Robinson D, Ward M, et al, editor(s). Chlamydia infections: Proceedings of the sixth international symposium on human Chlamydial infections. Cambridge: Cambridge University Press; 1986. p. 487-90.

## ASSOCIATION WITH VULNERABLE POPULATIONS

About 79% of the costs of chlamydia infection in the United States involve women. The health consequences of chlamydia for women include increased risk of developing pelvic inflammatory disease, tubal factor infertility, chronic pelvic pain, ectopic pregnancy, death from ectopic pregnancy and HIV infection.

## EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Goldner TE, Lawson HW, Xia Z, Atrash HK. Surveillance for ectopic pregnancy--United States, 1970-1989. MMWR CDC Surveill Summ 1993 Dec;42(SS-6):73-85.

Jones RB, Ardery BR, Hui SL, Cleary RE. Correlation between serum antichlamydial antibodies and tubal factor as a cause of infertility. Fertil Steril 1982 Nov;38(5):553-8.

Stamm WE, Guinan ME, Johnson C, Starcher T, Holmes KK, McCormack WM. Effect of treatment regimens for *Neisseria gonorrhoeae* on simultaneous infection with *Chlamydia trachomatis*. N Engl J Med 1984 Mar 1;310(9):545-9.

Svensson L, Mardh PA, Ahlgren M, Nordenskjold F. Ectopic pregnancy and antibodies to *Chlamydia trachomatis*. Fertil Steril 1985 Sep;44(3):313-7.

## BURDEN OF ILLNESS

See "Association with Vulnerable Populations" field.

## UTILIZATION

Unspecified

## COSTS

Screening for chlamydia is cost beneficial. Selective screening (i.e., screening only high risk women) saves \$38 for every woman screened and results in 0.037 cases of chlamydia avoided. Universal screening results in savings of \$45 for every woman screened and results in 0.047 cases of chlamydia infections avoided.

Effective antimicrobial therapy is available with cure rates of 97% for a 7 day course of doxycycline costing \$2-8. Single dose treatments are also available for persons who may not be able to comply with a 7 day course.

## EVIDENCE FOR COSTS

Marrazzo JM, Celum CL, Hillis SD, Fine D, DeLisle S, Handsfield HH. Performance and cost-effectiveness of selective screening criteria for Chlamydia trachomatis infection in women. Implications for a national Chlamydia control strategy. Sex Transm Dis 1997 Mar; 24(3): 131-41.

Recommendations for the prevention and management of Chlamydia trachomatis infections, 1993. Centers for Disease Control and Prevention. MMWR Recomm Rep 1993 Aug 6; 42(RR-12): 1-39.

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Both users and nonusers of care

### DESCRIPTION OF CASE FINDING

Women age 16 through 26 years as of December 31 of the measurement year who were identified as sexually active and who were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the measurement year

### DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

### DENOMINATOR (INDEX) EVENT

Patient Characteristic

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Women age 16 through 26 years as of December 31 of the measurement year who were identified as sexually active\* and who were continuously enrolled during the measurement year

\*Two methods are provided to identify sexually active women--pharmacy data and claims/encounter data. Managed care organizations (MCOs) must use both

methods to identify the eligible population; however, a member only needs to appear in one method to be eligible for the measure. Refer to the original measure documentation for details.

#### Exclusions

MCOs may exclude members who had a pregnancy test during the measurement year followed within 7 days (inclusive) by either a prescription for Accutane (isotretinoin) or an x-ray. This exclusion does not apply to members who qualify for the denominator based on services other than the pregnancy test alone. Refer to the original measure documentation for Current Procedure Terminology (CPT) or Universal Billing 1992 (UB-92) Revenue codes to identify exclusions for chlamydia screening.

### NUMERATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

At least one chlamydia test during the measurement year as documented through administrative data (refer to the original measure documentation for Current Procedure Terminology [CPT] codes to identify chlamydia screening)

#### Exclusions

Unspecified

### DENOMINATOR TIME WINDOW

Time window precedes index event

### NUMERATOR TIME WINDOW

Fixed time period

### DATA SOURCE

Administrative and pharmacy data

### LEVEL OF DETERMINATION OF QUALITY

Individual Case

### PRE-EXISTING INSTRUMENT USED

None

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

#### DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial and Medicaid plans.

Two age stratifications and an overall rate are reported:

- 16 to 20 year-old women
- 21 to 26 year-old women
- overall rate

The overall rate is the sum of the two numerators divided by the the sum of the denominators.

#### STANDARD OF COMPARISON

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

Chlamydia screening in women.

#### MEASURE COLLECTION

[HEDIS® 2004: Health Plan Employer Data and Information Set](#)

#### DEVELOPER

National Committee for Quality Assurance

#### ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

2000 Jan

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

## MEASURE AVAILABILITY

The individual measure, "Chlamydia Screening in Women," is published in "HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

## NQMC STATUS

This NQMC summary was completed by ECRI on July 18, 2003. The information was verified by the measure developer on October 24, 2003.

## COPYRIGHT STATEMENT

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at [www.ncqa.org](http://www.ncqa.org).

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Date Modified: 5/24/2004



